Form D - Price Response Form RFP No. 26-22 MBTA Vehicle Disinfecting Services

## **Price Response Form**

## <ENTER COMPANY NAME HERE>

**Bus Disinfection** 

- complete this section if you are offering bus disinfection services

- 2 crews/shift, work location rotates

- complete the line (or lines) appropriate for the type(s) of disinfection you are offering

					Additional Hours:	Emergency Hours:	: Productivity Commitment:		Calculated Costs:		
Disinfection Type	Crew cost/1st shift	Crew cost/2nd shift	Crew size	Materials cost/shift	Crew cost/hr	Crew cost/hr	40 ft buses/shift	60 ft buses/shift	\$/day:	\$/week:	\$/month:
Halosil Fogging Disinfection Materials Cost (list specifics below)									\$ -	\$ -	\$ -
(list materials items here, if any)											

**Green Line Disinfection** 

- complete this section if you are offering Green Line disinfection services

- 1 crew/shift @ Reservior/Lake St

- complete the line (or lines) appropriate for the type(s) of disinfection you are offering

- 1 crew/shift @ Riverside

					Additional Hours:	Emergency Hours:	Productivity Commitment:	Calculated Costs:		:s: 
Disinfection Type	Crew cost/1st shift	Crew cost/2nd shift	Crew size	Materials cost/shift	Crew cost/hr	Crew cost/hr	train cars/shift	\$/day:	\$/week:	\$/month:
Halosil Fogging Disinfection Materials Cost (list specifics below)								\$ -	\$ -	\$ -
(list materials items here, if any)										

Red, Orange, Blue Line Disinfection

- complete this section if you are offering Red, Orange, and Blue Line disinfection services

- 1 crew/shift @ Cabot (Red Line)

- complete the line (or lines) appropriate for the type(s) of disinfection you are offering

- 1 crew/shift @ Wellington (Orange Line)

- 1 crew/shift @ Orient Heights (Blue Line)

					Additional Hours:	Emergency Hours:	Productivity Commitment:	Calculated Costs:		ts:
Disinfection Type	Crew cost/1st shift	Crew cost/2nd shift	Crew size	Materials cost/shift	Crew cost/hr	Crew cost/hr	train cars/shift	\$/day:	\$/week:	\$/month:
Suppression Electrostatic Disinfection										
Materials Cost (if any, list specifics below)								\$ -	\$ -	\$ -
(list materials items here, if any)										
Other Disinfection Method (describe below)								\$ -	\$ -	\$ -
(describe other disinfection method)										
Materials Cost (if any, list specifics below)										
(list materials items here, if any)										